LETTERS TO THE EDITOR

Preference is given to letters commenting on contributions published recently in the *JRSM*. They should not exceed 300 words and should be typed double spaced

Eating disorders, nursing and the Allitt Report

The rejection of Michael Launer's patient for nurse training because of her bulimia (January 1998 *JRSM*, p 43) is not the first such case to be recorded. Inexperienced non-specialist occupational health medical advisors have tended to apply the Clothier recommendations with exactitude rather than relying on individual case assessment and clinical judgment.

The Chairman of the Association of NHS Occupational Physicians (ANHOPs), whose recommendations are quoted by Dr Launer, gave a series of examples of psychological problems that might be considered in assessment of suitability for nurse training. There was no suggestion that candidates with eating disorders were likely to harm patients. Those with experience in occupational health in healthcare settings are well aware, however, of the personal difficulty and decompensation of mental health that often occurs in those who are vulnerable, when placed in the extremely demanding role of nurse training. Following publication of the Clothier Report, the Chairman of ANHOPs wrote to members giving guidance on its implementation. She recommended that occupational health depart-ments should ensure that applicants for nurse training be physically and mentally fit before starting the course. She emphasized that decisions on fitness should be clinical, that each person should be considered separately and that 'there is no mandatory reason to exclude from training courses young adults who have had a transitory period of psychological difficulty'. She emphasized the rarity of Allitt-type behaviour and stressed: 'Keep this evidence in perspective'.

Occupational medicine is a new NHS specialty, with insufficient numbers of consultants. The Faculty of Occupational Medicine of the Royal College of Physicians, London, is well aware of the training needs of many of those working in the field, particularly with regard to mental health. It has therefore appointed a group of Mental Health Fellows (of whom I am one) to take the lead in developing educational strategies. Written guidance regarding occupational issues in relation to eating disorders is being issued later this year by the Faculty; this will be written by a senior specialist occupational physician together with an acknowledged expert in eating disorders. Let us hope that confusion regarding the Clothier guidance will cease thereafter.

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Origin of the myth of vampirism

May I add to the comments of Jeffrey and William Hampl (November 1997 *JRSM* pp 636–9) and J Théodoridès (February 1998 *JRSM* p 114), from another perspective. That vampirism is one of the most enduring, universal, popular myths of all time, with innumerable links to other legends and superstitions, indicates the existence of a psychic representation. It is one of the most archaic images that we know[1].

Many gods of Europe, Asia and parts of Africa sucked or drank blood. A group of deities in Tibetan Lamaism, the Vajra, drink blood to achieve control over life and death. In one of the oldest tales ever recorded, the legend of Gilgamesh, hero of a Babylonic epic, the vampire is described in as precise and gory a fashion as those of medieval and modern times. The oldest depiction appears on a prehistoric Assyrian bowl showing a man copulating with a headless vampire. In pre-Columbian Mexico, vampires were known as *sihuateteo*, women who died in childbirth (like Bram Stoker's mother). The Chinese vampire Ching Shih, cited in the stories of the T'ang dynasty, bears great resemblance to his western counterparts. The vampire came to Europe possibly from India, via Turkey and the Balkans[2].

The myth can be understood along various levels of psychosexual development[3]: in oedipal terms, for example, the vampire is seen as an abductor of women, killing and enslaving any remaining men who cross his path, while the vampire portrayed in *Nosferatu*[4] is depressed, regressed to a pregenital developmental state. The richness of psychopathological nuances is limitless and I invite you to ponder the parallels with the psychopathology of neuroses, perversions, addictions, and psychoses[5].

The significance and universal persistence of the myth suggests deep roots in the evolution of our psyche. It suggests the omnipresent desire to conquer the secret of life while containing the elements of its renewal. It represents the terrible desire for survival, destroying others to maintain his own existence. If fear of death can be compared with fear of the unconscious, and life with blood, the vampire could be seen as a projection of the struggle between life and death. In one of the most sacred rituals in western culture, the Eucharist, believers drink the wine that represents the blood of Christ to renew themselves and show symbolically the triumph of the forces of life over death, of good over evil. Vampirism, as a mortal sin, is contained in the image that most often comes to mind, the perverse nature of the vampiric act, in which the bite and the sucking of blood produce an orgasmic sensation which supersedes coitus[6].

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REFERENCES

1 Rodríguez de la Sierra L. El vampiro. In: Lemlij M, ed. *Mitos*, I. Lima: Peruvian Analytical Society: 205–15
2 Sayce AH. *The Religions of Ancient Egypt and Babylonia*, 1902
3 Rodríguez de la Sierra L. Treatment report on the first eighteen months of the analysis of a 13-year old boy. *Bull Anna Freud Centre* 1986:51–65
4 Herzog W. *Nosferatu, Phantom der Nacht* (film), 1979
5 Jones E. *On the Nightmare*. London: Hogarth Press and Inst. of Ps-a, London, 1931
6 Freud S. *Three Essays on the Theory of Sexuality*. London, 1962

Perianal Paget's disease

Like Dr Brown and Professor Spittle (February 1998 *JRSM*, p. 115) I dispute the contention of Butler and colleagues[1] that radiotherapy has no place in treatment of perianal Paget's disease because of a high recurrence rate after its use. Inadequate dose, suboptimal fractionation, inadequate margins and the use of very low energy X-rays may account for some of the recurrences.

A 71-year-old man was referred in 1986 with extensive perianal Paget's disease affecting an area 13 cm × 12 cm, extending on to the scrotum. He had been diagnosed 3 years previously and four attempts at surgical treatment had failed. The next option, if he was judged unsuitable for radical radiation therapy, was abdominoperineal resection. He was treated on a kilovoltage unit with 300 kv